2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/1/

FILED
Aug 21, 2003 8:00 am
Secretary of State
08-01-2003 90064 020 ****61.25

DOCUMENT # 704972

55054705

1. Entity Name
OCEANSIDE GOLF AND COUNTRY CLUB INC

[redacted]

Principal Place of Business	Mailing Address
75 NORTH HALIFAX AVENUE ORMOND BCH FL 32175-0367 US	P.O. BOX 367 ORMOND BCH FL 32175-0367 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1004935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HITCHNER, LORI
75 N HALIFAX DRIVE
ORMOND BEACH FL 32176

7. Name and Address of New Registered Agent

Name Thomas A. Haskell
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas A. Haskell 8-18-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BUNDHUND, BUCK E ONE JOHN ANDERSON DR. APT #713 ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Joe LENNARTZ 4 Pine Bluff Trail ORMond Beach, FL. 32174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOOD, JAMES C 209 PLEASANT VALLEY DR DAYTONA BEACH FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mike Pepin 10 Jill Alison Circle ORMond Beach, FL 32176	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HAYES, RONALD 103 NEPTUNE AVE ORMOND BEACH FL 32176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEITZ, JIM ONE CREEK BEND WAY ORMOND BEACH FL 32174	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Weite, Jim	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SACKS, WILLIAM 215 ORMWOOD DRIVE ORMOND BEACH FL 32176	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAN HARVEY 3 Oceans West Blvd. DAYTONA BEACH SHORES, FL. 32118	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LECOMPHE, JOE 2560 S PENINSULA DR DAYTONA BEACH FL 32118	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V	☒ Change ☐ Addition

CR2E037 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the ~~receiver or trustee~~ empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/18/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

55054705

Attachment [redacted] #704472

Additional Officers and Directors:

D
Carolyn Hewit
9 Sea Drift Terrace
Ormond Beach, FL. 32176

D
Lynn Virkler
30 Jill Allison Circle
Ormond Beach, FL. 32176

D
Clair Simpson
175 John Anderson Drive
Ormond Beach, FL. 32176